



DEPARTMENT OF JUSTICE
DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816
(916) 263-3408
(916) 263-3403 facsimile

For Division Use Only

GE# _____
Work Permit#: _____
Date Received: _____
Fee Received: _____

APPLICATION TO RENEW WORK PERMIT

(Type or print clearly in black ink. Answer all questions completely.)

Last Name		First Name		Middle Name
Present Street Address (Street, City, State, Zip)			Telephone	
Mailing Address (if different from street address)				
Name of Gambling Establishment Where You Are Currently Employed			Telephone	
Name of Gambling Establishment Owner or Hiring Agent				
Job Title			Social Security Number	
Current Work Permit Number			Expiration Date	
During the past year have you been convicted of a misdemeanor or felony violation? G Yes G No				
If your answer was yes, provide details here.				
Date of Arrest	Arresting Agency Location - City & State	Original Charge	Final Charge (if amended or reduced)	Disposition
I certify that the information provided herein is a true and complete account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my work permit.				
Applicant Signature			Date	
Hiring Agent Signature			Date	
RETURN THIS FORM IN THE ENCLOSED ENVELOPE WITH YOUR \$25 RENEWAL FEE. CHECKS SHOULD BE PAYABLE TO THE DIVISION OF GAMBLING CONTROL.				
For regular delivery, address mail to: to: DEPARTMENT OF JUSTICE DIVISION OF GAMBLING CONTROL P. O. BOX 168024 SACRAMENTO, CA 95816-8024			For overnight/UPS delivery, address mail DEPARTMENT OF JUSTICE DIVISION OF GAMBLING CONTROL 1435 RIVER PARK DRIVE, SUITE 200 SACRAMENTO, CA 95815-4059	
NO FURTHER NOTICE FOR THE WORK PERMIT RENEWAL AND FEE WILL BE SENT.				